PTOSSES, Dr. ob.
Approved for use through 120/IGOS. DR. Approved for DR. DR. S. DEPARTMENT OF CONDENSES.
Linder the Papersod. Reduction Act of 1985, no parsons are received to respond to a color of primetro, used to display a vestic DR. Control number.

		Application No	unber	10/665,275-Conf. #5466	
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	R OF	Filing Date		September 22, 2003	
	First Named I	ventor	Kolchi Wago		
		Art Unit		1756	
	CE ADDRESS	Examiner Nar	ne	M. J. Angebranndt	
*		Attorney Dock	et Number	21064/0206584-US0	
I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
OR					
X I hereby appoint the practitioners associated with the Customer Number: 73447					
X Please change the correspondence address for the above-identified application to:					
, reason assessment and reason for the annual residual abhitration to					
X The address associated with Customer Number:		73447			
OR Customer realizer.	L				
Firm or Individual Name				· ·	
Address					
City					
Country	Stat	, 1		730	
Telephone	Join	Email		-7 L	
I am the:					
Applicant/Inventor.					
X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Signature					
Name Paul T. Dietz, Attorney for Assignee					
Date Sent 25	,2007		Telepho	ne (952) 402-8585	
NOTE: Signatures of all the inventors or forms if more than one signature is requi	assignees of record	of the entire inter	est or their rep	resentative(s) are required. Submit multiple	
	*Total of 1 forms are suframilied				